

Dr Khare's Surgery

Patient Complaints Form

Please complete this form if you wish to make a formal complaint. All complaints must be submitted in writing.

Patient's Full Name:

Date of Birth:

Address:

Telephone Number:

Email Address:

Details of Complaint (please provide as much detail as possible, including dates, people involved, and what happened):

Desired Outcome (e.g., apology, explanation, service improvement):

Are you completing this form on behalf of the patient? (Yes/No):

If yes, your name and relationship to the patient:

Signature of Patient (or Representative):

Date:

- If complaining on behalf of someone else we will need their written consent